

Microscopic examination of the retroperitoneal tumor reveals its architecture to be similar to that seen in the large metastatic lesion in the left upper lobe. There were metastatic lesions in the right lung and pleura, left adrenal, pancreas and bone.

The final pathological diagnoses were:

1. Retroperitoneal malignant teratoma, with metastases to both lungs, right pleura, left adrenal, pancreas and bone.
2. Empyema, left pleural cavity.
3. Chronic pericarditis and left pleuritis.
4. Post polycystic right kidney.
5. Interstitial pneumonia, right lung.

The primary pathology is that of a highly malignant tumor which it is believed originated as a retroperitoneal teratoma and spread via the blood stream to form a large metastatic tumor in the left lung, a few metastases in the right lung and the left adrenal. The involvement of the right pleura was probably due to lymphatic spread and the tumor infiltrated by direct extension into the tail of the pancreas. The sequelae of a left pneumonectomy was the development of a chronic pleuritis and finally empyema which was subsequently drained. It is believed that the polycystic kidney was a separate entity and unrelated to the tumor formation or the metastases.

Dr. Rice: Inasmuch as a polycystic kidney and a teratoma both represent abnormalities of development, I would consider that there might be some relationship in the etiology of these two disturbances of development.

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